

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032462

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

149
FILED AUG 28 1963

4466

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY, MISSOURI		c. CITY OR TOWN KANSAS CITY	
Length of stay in lb OR TOWN 77 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		d. STREET ADDRESS (If outside, give location) 2116 East 68th	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First HENRY Middle D Last STELLJES			4. DATE OF DEATH Month AUGUST Day 7 Year 1963		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-8-86	9. AGE (last birthday) 77 YRS	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RR TRAINMAN, RET.			11. BIRTHPLACE (City and state or country) CONCORDIA, MISSOURI		
10b. KIND OF BUSINESS OR INDUSTRY RAILROAD			12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME HENRY STELLJES			13b. MOTHER'S MAIDEN NAME LOUISE STUENKEL		
14. NAME OF HUSBAND OR WIFE MARIA A. STELLJES			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES		
16. SOCIAL SECURITY NO. VA HOSPITAL OFFICIAL RECORDS			17. MORTUARY STELLJES (WIFE)		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRO-VASCULAR THROMBOSIS		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. Attended the deceased from **MARCH 19, 1963** to **AUGUST 7, 1963** and last saw him/her on **8-8-63**
Death occurred at **9:50 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Robert Brown</i> (Degree or title)	22b. ADDRESS VA HOSPITAL, KANSAS CITY, MO	22c. DATE SIGNED 8-8-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8/10/1963	23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery
23d. LOCATION (City, town, or county) Concordia Missouri	23e. DATE RECD. BY LOCAL REG. 8-9-63	23f. REGISTRAR'S SIGNATURE <i>Ruth Long</i>
24. FUNERAL DIRECTOR Wagner Funeral Home	24b. ADDRESS K.C., Mo.	

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Abner R Haenschel

Licensed Embalmer No.

4159

P. O. Address

Raymer County Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.